

**DISCLAIMER**

The following is a preliminary report of actions taken by the House of Delegates at its 2021 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Society.

Extractions to the following consent calendar must be submitted to [hod@msv.org](mailto:hod@msv.org) by midnight October 19th, 2021, for consideration. No extractions will be permitted the day of Annual Meeting, and late extractions will not be accepted.

**MEDICAL SOCIETY OF VIRGINIA HOUSE OF DELEGATES  
Report of Reference Committee 1**

**Dr. Arturo Saavedra, Chair**

**Present Members: Dr. Arturo Saavedra, Dr. Hazle Konerding, Dr. Sidney Jones, Dr. Bhushan Pandya, Dr. Larry Mitchell, Dr. Andrea Giacometti, Dr. Abraham Hardee, Matthew Van De Graff**

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**The Reference Committee recommends the following consent calendar for acceptance:**

**RECOMMENDED FOR ADOPTION**

21-101 2021 Budget  
21-102 2020 MSV Policy Compendium 10-Year Review

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

21-104 Physician Representation: Cannabis Public Health Advisory Council  
21-105 Opposing the Sale of Marijuana and THC-Infused Products to Individuals Under Age 21  
21-106 Increasing HPV Vaccine Initiation and Accessibility Across the State of Virginia  
21-107 HIV Post-Exposure Prophylaxis – Recommendation 1  
21-108 Resolution on the Covid-19 Patient Protection Act for Mandatory Vaccinations for Healthcare Workers

**RECOMMENDED FOR AMENDMENT TO CURRENT POLICY IN LIEU OF**

21-103 Pharmacy Responsibility to Providers and Patients

**RECOMMENDED FOR REFERRAL TO BOARD OF DIRECTORS FOR DECISION AS AMENDED**

21-107 HIV Post-Exposure Prophylaxis – Recommendation 2

**RECOMMENDED FOR NOT ADOPTION**

21-109 Resolution for Continuation of Telehealth, Including Audio Only

**RECOMMENDED FOR RE-AFFIRMATION**

MSV Policy 10.9.16- Reimbursement of Telemedicine and Disclosure of Ownership Interests in Telemedicine Companies

46 **1) 21-101 2022 BUDGET**

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48 RECOMMENDATION:

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50 Mr. Speaker, your Reference Committee recommends that Resolution 21-101 **be Adopted.**

51  
52 This resolution presents the 2022 budget for the Medical Society of Virginia as approved by the MSV  
53 Finance Committee, the MSV Executive Committee, and the MSV Board of Directors. The budget  
54 considerations were presented by Larry Mitchell, MD, and CFO Melvin Hodges.

55  
56 Your Reference Committee heard unanimous discussion in support of Resolution 21-101.

57  
58 Accordingly, your Reference Committee recommends the budget be adopted.

59  
60 **2) 21-102 2021 MSV POLICY COMPENDIUM 10-YEAR REVIEW**

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62 RECOMMENDATION:

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64 Mr. Speaker, your Reference Committee recommends that Resolution 21-102 **be Adopted.**

65  
66 *RESOLVED, that the Medical Society of Virginia adopt the recommendations in the enclosed report.*

67  
68 This resolution asks that our Medical Society of Virginia adopt the actions recommended by the Speakers  
69 regarding policies adopted ten years ago.

70  
71 Your Reference Committee reviewed supportive written testimony from the MSV Medical Student Section.

72  
73 Accordingly, your Reference Committee recommends Resolution 21-102 be adopted.

74  
75 **3) 21-103 Pharmacy Responsibility to Providers and Patients**

76  
77 Mr. Speaker, your Reference Committee recommends that **Policy 35.4.02 be Amended in Lieu of**  
78 **Resolution 21-103.**

79  
80 *RESOLVED, that the Medical Society of Virginia amend Policy 35.4.02 to the following:*

81  
82 *35.4.02- Guidelines for Prescriptions*

83  
84 ***The Medical Society of Virginia adopts the following guidelines:***

- 85
- 86 • *All prescriptions must be initiated by the prescribing physician, or appropriately licensed*  
87 *prescribers.*
  - 88
  - 89 • *Authority to dispense may be provided by his signature on the prescription or by direct personal*  
90 *communication by the prescribing physician or an assistant under the physician's direct and*  
91 *immediate supervision to the pharmacist.*
  - 92
  - 93 • *When a prescription has been filled or refilled the maximum number of times as initially*  
94 *designated, it is an expired prescription. Authorization to refill an expired prescription must be*  
95 *obtained by the pharmacist by direct personal communication with the prescribing physician or an*  
96 *assistant under the physician's direct and immediate supervision, or by a new prescription.*
  - 97
  - 98 • *When a pharmacist has concern ~~in his own mind~~ about the timeliness of a prescription refill,*  
99 *patient's need, ~~or and all~~ other factors that question ~~demonstrate~~ the appropriateness of the*  
100 *prescription ~~physician contact~~, he should contact the prescribing physician and review the*

patient's medical record for the purpose of obtaining authorization to fill or refill the prescription. Failure to fill a prescription should be subject to Board of Pharmacy review."

- Patient Profiles maintained by the pharmacist which document the patient's drug history are considered important documents that would be available to assist the pharmacist in familiarizing the physician with the patient and concurrent drugs prescribed by other physicians.
- Using the patient as an intermediary in communications between the physician and pharmacist is unacceptable; e.g., the physician should not tell the patient to inform the pharmacist that the physician approves additional refills of a prescription.
- Use of the term "PRN" as a prescription refill authorization is discouraged.
- Physicians should be specific in designating 1) the frequency, 2) a maximum time limit, and 3) a maximum number of refills.
- The use of patient medication instruction forms and other patient education material by physicians is encouraged.

Your Reference Committee heard written supportive testimony outlining the sensibility of pharmacist contact with the physician when considering not fulfilling prescriptions and removing administrative onus from the patient. Some written testimony proposed converting the second "Resolved" clause to its own "Whereas" clause. Specifically, one commenter wrote, "The problem lies in that the Board of Medicine has no authority over pharmacists and said referrals will result in an investigation of the prescriber, not the pharmacist."

Your Reference Committee discussed the proposed amendment submitted on the public comment forum, which would add a third resolved clause. Your Reference Committee inquired if the intent was to monitor pharmacists working within their scope of practice and would recommend supervision by the Board of Pharmacy or the Department of Health Professions. Counsel confirmed this would be an appropriate correction in the proposed language.

Accordingly, your Reference Committee recommends that Policy 35.4.02 be amended in lieu of Resolution 21-103.

#### **4) 21-104 Physician Representation: Cannabis Public Health Advisory Council**

##### RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-104 **be Adopted as Amended.**

~~RESOLVED, The Medical Society of Virginia supports representative to the Advisory Council will first and foremost advocate protecting the health of vulnerable citizens all persons when considering regulation of medical and recreational use of cannabis in Virginia. such as children, pregnant women, and breastfeeding babies. The Medical Society of Virginia believes regulatory consideration concerning cannabis. The Advisory Council recommendations to the Authority should be Eevidence Bbased and include public health data, regarding emergency department visits and hospitalizations, impaired driving, workplace impairment and worker-related injury and safety, short- and long-term health effects of cannabis, prevalence of psychiatric and addictive disorders, including cannabis-use disorder.~~

Your Reference Committee heard written critical testimony of the resolution, specifically inquiring if a resolution was necessary to ensure that a representative from the MSV advocate on behalf of their patients. Another piece of critical feedback suggested that language following the first sentence of the resolved clause could be interpreted as expository.

155 Your Reference Committee discussed what effect this policy would have on policing birthing persons and  
156 recommended removing language that specifies individual patient populations. Your Reference  
157 Committee recommended striking language around children, pregnant women, and breastfeeding babies.  
158 Your Reference Committee discussed retaining language supporting evidence-based medicine. The  
159 Reference Committee explored the language in the staff recommendation and incorporated their stricken  
160 language into their amendment.

161  
162 Accordingly, your Reference Committee recommends that Resolution 21-104 be Adopted as Amended.

### 163 **5) 21-105 Opposing the Sale of Marijuana and THC-Infused Products to Individuals Under Age 21**

#### 164 RECOMMENDATION:

165  
166 Mr. Speaker, your Reference Committee recommends that Resolution 21-105 **be Adopted as Amended.**

167  
168 *RESOLVED, that the Medical Society of Virginia opposes the sale of marijuana and THC delivery*  
169 *methods to individuals under the age of 21 ~~and opposes the use of these products by individuals under~~*  
170 *~~the age of 21 in public places, including schools and school grounds,~~ and be it further*

171  
172 *RESOLVED, that MSV supports legislation or regulation to protect individuals under 21 from exposure to*  
173 *marijuana and all THC delivery methods including secondhand exposure.*

174  
175 Your Reference Committee heard written supportive testimony from the MSV Medical Student section,  
176 accompanied by citations from the American Academy of Pediatrics, the National Academies of Science,  
177 among others.

178  
179 Your Reference Committee discussed simplifying and / or the language that would oppose the use and  
180 sale for those under the age of 21 and striking the language that expands on public places and schools.  
181 Your Reference Committee wished to still clarify it should still address the sale to and or use of marijuana  
182 and THC delivery methods. Counsel spoke to legislation in 2021 that would make this Reference  
183 Committees changes consistent with that legal change. Your Reference Committee also inquired if the  
184 second resolved clause was still relevant but ultimately wanted to ensure language is included to address  
185 second-hand transmission.

186  
187 Your Reference Committee also discussed how reaffirming the existing policy, 40.20.10 - Secondhand  
188 Smoke, as written would only capture second-hand smoking for tobacco usage. Staff spoke to the broad  
189 language being consistent with application of existing policy achieving the intended effect desired by the  
190 Reference Committee. Counsel recommended for simplicity, amending the Resolution's to create new  
191 policy with an additional recommendation to Amend the existing policy 40.20.10 in 2022.

192  
193 Accordingly, your Reference Committee recommends that Resolution 21-105 be Adopted as Amended.

### 194 195 **6) 21-106 Increasing HPV Vaccine Initiation and Accessibility Across the State of Virginia**

#### 196 RECOMMENDATION:

197  
198 Mr. Speaker, your Reference Committee recommends that Resolution 21-106 **be Adopted as Amended.**

199  
200 *RESOLVED, that the Medical Society of Virginia support research ~~efforts that aim~~ to identify and reduce*  
201 *barriers to HPV vaccination in Virginia, and be it further*

202  
203 *RESOLVED, that the Medical Society of Virginia support ~~the efforts of the Virginia Department of Health~~*  
204 *to increase the vaccination rate ~~affordability~~ of the HPV vaccine for ~~uninsured~~ children and adults.*

205  
206  
207

208 Your Reference Committee heard written supportive testimony from the MSV Medical Student Section  
209 regarding the current realities of HPV vaccination rates in the Commonwealth of Virginia and why MSV  
210 support of increasing vaccination initiation and accessibility is important.

211  
212 Your Reference Committee discussed cost and coverage of the HPV vaccine by insurance carriers and  
213 whether affordability was a research-identified obstacle to vaccination. The Committee discussed striking  
214 the language regarding affordability and focus more broadly on the purpose to increase HPV vaccination  
215 rates. This language change would incorporate affordability as one of many broader barriers to  
216 vaccinations.

217  
218 Your Reference committee also discussed a language change for a more succinct language of the policy  
219 by removing a named stakeholder and duplicative language, as well as not limiting the scope to the  
220 uninsured.

221  
222 Accordingly, your Reference Committee recommends that Resolution 21-106 be Adopted as Amended.

223

## 224 **7) 21-107 HIV Post-Exposure Prophylaxis**

225

226 THE REFERENCE COMMITTEE RECOMMENDS DIVISION OF THE QUESTION INTO TWO  
227 RECOMMENDATIONS.

228

229 RECOMMENDATION 1: THE FIRST RESOLVED CLAUSE IS ADOPTED AS AMENDED.

230

231 RECOMMENDATION 2: THE SECOND RESOLVED CLAUSE IS REFERRED TO THE BOARD FOR  
232 DECISION AS AMENDED.

233

234 RECOMMENDATION 1:

235

236 Mr. Speaker, your Reference Committee recommends that Resolution 21-107 **be Adopted as Amended.**

237

238 *RESOLVED, that the Medical Society of Virginia, ~~acknowledges the need for and supports increased~~*  
239 *access to, and coverage for, ~~physician-supervised initiated~~ Post-Exposure Prophylaxis (PEP) for HIV, as*  
240 *well as ~~enhanced public education on its effective use, and be it further,~~*

241

242 *RESOLVED, that the Medical Society of Virginia ~~acknowledges the need for a more streamlined process~~*  
243 *of obtaining nPEP including ~~encouraging local emergency departments, especially those in rural areas, to~~*  
244 *regularly stock nPEP starter packs for those presenting to the emergency department with a substantial*  
245 *exposure risk and ~~exploring options to allow pharmacies to immediately dispense nPEP starter packs~~*  
246 *under the oversight of a licensed physician, nurse practitioner or physician assistant.*

247

248 Your Reference Committee heard written critical testimony expressing concerns around potential scope  
249 of practice issues that may present themselves because of this resolution. Furthermore, concerns were  
250 expressed that the resolution itself may be in violation of Virginia's CVS law outlining that hospital  
251 pharmacies may not act as outpatient pharmacies.

252

253 Your reference Committee also heard extensive written testimony from the MSV Medical Student section.  
254 In direct response to the critical testimony offer, the author proposed an amendment to their own  
255 resolution to add the words "physician-initiated" in the first resolved clause before the words "PEP for  
256 HIV." Said amendment also proposed striking all language in the second Resolved clause following the  
257 words "exposure risk."

258

259 Your Reference Committee discussed the potential for opposition from emergency room staff and  
260 administration who are already burdened by the effects of the COVID-19 pandemic and accordingly  
261 recommended a language change to the listed stakeholders. Additionally, a clerical language change was  
262 incorporated elaborating on the full name of the treatment in the first Resolved.

263 Accordingly, your Reference Committee recommends this Resolution 21-107 be Adopted as Amended.

264

265 RECOMMENDATION 2:

266

267 Mr. Speaker, your Reference Committee recommends that the following for **Referral to the MSV Board**  
268 **of Directors for Decision as Amended.**

269

270 *RESOLVED, that the Medical Society of Virginia acknowledges the need for a more streamlined process*  
271 *of obtaining nPEP and should consider dedication of staff resources toward determining potential*  
272 *solutions. ~~including encouraging local emergency departments, especially those in rural areas, to~~*  
273 *~~regularly stock nPEP starter packs for those presenting to the emergency department with a substantial~~*  
274 *~~exposure risk and exploring options to allow pharmacies to immediately dispense nPEP starter packs~~*  
275 *~~under the oversight of a licensed physician, nurse practitioner or physician assistant.~~*

276

277 Your Reference Committee inquired if this would require legislation to implement. Counsel and staff  
278 confirmed it would require legislation to correct the process for more convenience in obtaining nPEP. This  
279 led the Reference Committee to decide recommending an amended version of the second Resolved  
280 clause to the Board of Directors rather than the MSV House of Delegates in 2021 with the expectation  
281 that the Board consider if further policy or action is needed. The Reference Committee believes even with  
282 a simplistic aim and broadened language through their amendment, further discussion should occur with  
283 MSV leadership to ensure policy reflects the capabilities and lobbying strategy of the association to  
284 introduce or work on such legislation.

285

286 Rather than sending an amended version of the Resolution to the Board, the Reference Committee  
287 discussed sending the second Resolved Clause to the Board to discuss a fiscal impact and policy  
288 strategy and sending the first Resolved as Amended to the House of Delegates. Staff recommended an  
289 additional grammatical language change for consistency and correctness.

290

291 Accordingly, your Reference Committee recommends the second Resolved clause of Resolution 21-207  
292 for referral to the MSV Board of Directors as Amended for Decision to consider dedication of staff  
293 resources.

294

295 **8) 21-108 Resolution on the Covid-19 Patient Protection Act for Mandatory Vaccinations for**  
296 **Healthcare Workers**

297

298 RECOMMENDATION:

299

300 Mr. Speaker, your Reference Committee recommends that Resolution 21-108 **be Adopted as Amended.**

301

302 *RESOLVED, that the Medical Society of Virginia endorses mandatory Covid-19 vaccination(s) for all*  
303 *healthcare workers in accordance with state and federal laws. ~~in physician offices, outpatient facilities,~~*  
304 *~~hospitals, and long-term care facilities. This should be accomplished swiftly to prevent any further danger~~*  
305 *~~to patients entrusted with our care.~~*

306

307 Your Reference Committee heard written supportive testimony from the MSV Medical Student Section,  
308 among others, noting that, "In the context of a global pandemic where over 690,000 Americans have died  
309 from a disease in which mortality is 91% preventable by vaccination, ethical consideration must be  
310 weighed against practitioner autonomy. The World Health Organization has ranked vaccine hesitancy as  
311 one of the top ten threats to public health in 2019."

312

313 Additionally, your Reference Committee heard supporting testimony that suggested a friendly amendment  
314 to remove all language from the resolution following the words "healthcare workers" to provide more  
315 clarity and issue a blanket statement of support.

316

317 Your Reference Committee heard opposing testimony specifically noting, among other points, that  
318 “Healthcare workers or any other patient has a right to informed consent before having the procedure.  
319 That means a discussion or risks and benefits of vaccination, in language they understand and  
320 acknowledge understanding. They have the right to autonomy, that is the right to refuse treatment.”  
321

322 Your Reference Committee discussed preventing healthcare workers from harming patients from  
323 communicable diseases should outweigh staffing shortage or loss as an effect of mandatory vaccinations  
324 in keeping with the Hippocratic oath. Your Reference Committee also discussed striking the second  
325 sentence in the first Resolved clause to decrease operational burden and editorializing the role hospital  
326 administrations play in implementing such policies.  
327

328 Your Reference Committee also discussed how broadly this Resolution would reach, specifically if it  
329 would apply to boosters, and if there is data indicating the rate of infection caused by unvaccinated  
330 healthcare workers. There was discussion regarding the need for such policy to assert the association’s  
331 role in protecting and promoting the science of medicine over political polarization. Your Reference  
332 Committee also discussed data to support that healthcare workers who are terminated for failure to  
333 vaccinate often do so and then rejoin the workforce.  
334

335 Your Reference Committee also discussed how this Resolution is consistent with the MSV’s statement of  
336 support with VHHA for this measure already, therefore mitigating any potential criticism for this policy in  
337 our compendium.  
338

339 Counsel suggested including a language change to incorporating the plurality of some vaccines to include  
340 boosters, as well as language to reflect adherence to state and federal law.  
341

342 Accordingly, your Reference Committee recommends this Resolution 21-108 be Adopted as Amended.  
343

#### 344 **9) 21-109 Resolution for Continuation of Telehealth, Including Audio Only**

##### 345 RECOMMENDATION:

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347  
348 Mr. Speaker, your Reference Committee recommends that **Policy 10.9.16 be Reaffirmed in Lieu of**  
349 **Adoption of Resolution 21-109.**  
350

351 *RESOLVED, that the Medical Society of Virginia supports the entire continuation of telehealth, including*  
352 *audio only communications, as an effective and efficient method for the delivery of care to existing*  
353 *patients; and be it further*  
354

355 *RESOLVED, that the Medical Society of Virginia supports appropriate reimbursement from insurers for*  
356 *audio only telehealth.*  
357

358 No written testimony was received for this resolution.  
359

360 Your Reference Committee discussed a language change to include audio-only so the second Resolved  
361 clause can be interpreted more broadly. Your Reference Committee decided instead that reaffirmation of  
362 existing policy is more comprehensive than a Resolved clause to focus on audio-only.  
363

364 Accordingly, your Reference Committee recommends that Policy 10.9.16 be Reaffirmed in Lieu of  
365 Adoption of Resolution 21-109.  
366

367  
368 Mr. Speaker, Your Reference Committee Chair has certified this Report by virtual signature as follows:  
369 *I, Dr. Art Saavedra, as Chair of Reference Committee #1, offer my digital signature via email to confirm*  
370 *that I have verified the attached draft of this report for accuracy of our committee’s discussion and*  
371 *proceedings. October 9<sup>th</sup>, 2021.*